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Request Application Number 10/784,105 For Filing Date February 20, 2004 Continued Examination (RCE) First Named Inventor Crain P. LUFTIG. Transmittal Address to: Art Unit 3626 Mail Stop RCE Commissioner for Patents Examiner Name Kristine K. RAPILLO P.O. Box 1450 Alexandria VA 22313-1450 Attorney Docket Number TZG0007 This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 C.F.R. 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s). a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. Consider the arguments in the Appeal Brief or Reply Brief previously filed on Other _ b. . X Enclosed Amendment/Reply iii. Information Disclosure Statement (IDS) Affidavit(s)/Declaration(s) iv. Other Miscellaneous Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required) Other __ Fees The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No.50-4402. I have enclosed a duplicate copy of this sheet. □ RCE fee required under 37 C.F.R. 1.17(e)
 □ Extension of time fee (37 C.F.R. 1.136 and 1.17)
 □ Other _____ b. Check in the amount of \$ ____ enclosed c. A Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED /Dawn-Marie Bey/ Signature Date April 13, 2010 Name (Print /Type) Dawn-Marie Bev Registration No. 44 443 CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S.

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This collection of information is required by 37 CFR 1.14. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief Information Circler. U.S. Patient and Taxdenant. Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT 25TEES OR COMPLETED FORMST 0.11 AS ADRESS. SSIRD To Mail Storp (RCC, Commissionor For Patients, P.O. Box 1450, Alexandria, W. 22313-1450.) DO NOT 25TEES OR COMPLETED FORMST 0.11 AS ADRESS. SSIRD TO MAIL STORP (SC. Commissionor for Patients, P.O. Box 1450, Alexandria, W. 22313-1450.) DO NOT 25TEES OR COMPLETED FORMST 0.11 ADDRESS. SSIRD TO MAIL STORP (SC. Commissionor for Patients, P.O. Box 1450, Alexandria, W. 22313-1450.) DO NOT 25TEES OR COMPLETED FORMST 0.11 ADRESS. SSIRD TO MAIL STORP (SC. Commissionor for Patients, P.O. Box 1450, Alexandria, W. 22313-1450.) DO NOT 25TEES OR COMPLETED FORMST 0.11 ADRESS. SSIRD TO MAIL STORP (SC. Commissionor for Patients, P.O. Box 1450, Alexandria, W. 22313-1450.) DO NOT 25TEES OR COMPLETED FORMST 0.11 ADRESS. SSIRD TO MAIL STORP (SC. Commissionor for Patients, P.O. Box 1450, Alexandria, W. 22313-1450.) DO NOT 25TEES OR COMPLETED FORMST 0.11 ADRESS. SSIRD TO MAIL STORP (SC. Commissionor for Patients, P.O. Box 1450, Alexandria, W. 22313-1450.) DO NOT 25TEES OR COMPLETED FORMST 0.11 ADRESS. SSIRD TO MAIL STORP COMPLETED FORMST 0.11 ADRESS. SSIRD TO

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